

**DECLARATION  
AND  
POWER OF ATTORNEY  
FOR  
PATENT APPLICATION**

☒ Declaration Submitted With initial Filing **OR** ☐ Declaration Submitted after initial Filing (surcharge (37 CFR 1.16 (e)))

Attorney Docket Number **JP9 2000 0002 US1**

First Named Inventor **Akira Okano**

**COMPLETE IF KNOWN**

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one is listed below) or an original, first and joint inventor (if plural Names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**Apparatus, System and Method for Design Support**

(Title of the Invention)

The specification of which

☒ is attached hereto  
OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically refferred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for Continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's Certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's Certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
2001-45714	Japan	02/21/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefits under 35 U.S. C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application Numbers are listed on a Supplemental priority data sheet PTO/SB/02SB attached hereto.

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

<b>Michael H. Hoffman</b>	<b>Registration No. 40,019</b>
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<b>Karl O. Hesse</b>	<b>Registration No. 25,398</b>
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**23550**

PATENT TRADEMARK OFFICE

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- (3) Full Name of Inventor: **Ohbayashi Yohichiroh**
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20540-257-001

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

(4) Full Name of Inventor: Ninomiya Masakazu

Signature: \_\_\_\_\_ Date \_\_\_\_\_

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Signature: \_\_\_\_\_ Date \_\_\_\_\_

Residence: \_\_\_\_\_

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